Filing Fee \$15.00 for each nonprofit corporation listed NONPROFIT CORPORATION STATE OF MAINE NONCOMMERCIAL REGISTERED AGENT STATEMENT OF APPOINTMENT or CHANGE Deputy Secretary of State A True Copy When Attested By Signature (Name of Corporation as it appears on the records of the Secretary of State) Deputy Secretary of State Pursuant to 5 MRSA §§105, 108, & 109 the undersigned corporation executes and delivers the following statement of appointment and/or change of address by a noncommercial registered agent. **FIRST:** ("X" all boxes that apply) Α. change of address В. change to/of noncommercial registered agent and address C. change of noncommercial registered agent D. change in name of current noncommercial registered agent **SECOND:** The name and address of the registered agent appearing on the record in the Secretary of State's office: (name of current registered agent) (physical street address, city, state and zip code) (mailing address if different from above) THIRD: (For foreign nonprofit corporations only) Jurisdiction of Organization:

Date authorized to transact business in the State of Maine:

FOURTH:	Comp	Complete this Item as follows based on your selection in Item First:									
	 A. The new address of the noncommercial registered agent (provide address information only); B. The name and address of the new noncommercial registered agent (provide name and address information); C. The name of the new noncommercial registered agent (provide name only); OR D. The new name of the current noncommercial registered agent (provide name only). 										
	(name of new noncommercial registered agent or new name of current noncommercial registered agent) (physical street address, not a P.O. Box – city, state and zip code)										
									(r	nailing address if different	from above)
							FIFTH:		ant to 5 MRSA §108.3, the regist of the corporation.	tered agent as listed above	has consented to serve as the registered agent for this
SIXTH:	The undersigned noncommercial registered agent of the following corporation(s) has notified each corporation of the change indicated in Item First A or D:										
	Name	of Nonprofit Corporation	Jurisdiction	Date incorporated or authorized in Maine							
		Names of additional corporat	ions attached hereto as Exh	ibit, and made a part hereof.							
Dated			*By								
				(signature)							
				(type or print name and capacity)							
(1) if	Item First	be signed as follows: , A or D was selected, then by th , B or C was selected, then by an		d agent OR							
Please remit yo	our payme	nt made payable to the Maine Se	ecretary of State.								
Submit comple	eted form		ations, UCC and Commis ation	sions							

Augusta, ME 04333-0101

Telephone Inquiries: (207) 624-7752

Email Inquiries: CEC.Corporations@Maine.gov

FOURTH:

Filer Contact Cover Letter

Department of the Secretary of State Division of Corporations, UCC and Commissions 101 State House Station Augusta, ME 04333-0101	Tel. (207) 624-7752
Name of Entity (s):	
List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Correction, etc.) Attach additional pages as needed.	s of Merger, Articles of Amendment, Certificat
Special handling request(s): (check all that apply) Hold for pick up	
Expedited filing - 24 hour service (\$50 addition Expedited filing - Immediate service (\$100 add Total filing fee(s) enclosed: \$	litional filing fee per entity, per service g(s), please call or email: (failure to provide
contact name and telephone number of email address will result in the feturn of the	serioneous filling (s) by the secretary of state's offi
(Name of contact person)	(Daytime telephone number)
(Name of contact person) (Email address)	(Daytime telephone number)
<u> </u>	
(Email address) The enclosed filing(s) and fee(s) are submitted for filing. Please returns.	urn the attested copy to the following
(Email address) The enclosed filing(s) and fee(s) are submitted for filing. Please retu address:	urn the attested copy to the following

(City, State & Zip)